

Declaration For U.S. Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention **entitled**

(Insert Title) Linkage System for Medical Institutions

the specification of which is attached hereto unless the following is checked:

☐ was filed on _____ as United States Application Number or PCT International Application Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 (a) - (d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

				Priority Claimed
(List prior foreign applications. See note A on back of this page)	<u>2001-213553</u>	<u>JAPAN</u>	<u>13/07/2001</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	
	<u>2001-213277</u>	<u>JAPAN</u>	<u>13/07/2001</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	
	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(Number)	(Country)	(Day/Month/Year Filed)	<input type="checkbox"/> Yes <input type="checkbox"/> No

(See note B on back of this page) ☐ See attached list for additional prior foreign applications

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

_____	_____
(Application Number)	(Filing Date)
_____	_____
(Application Number)	(Filing Date)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of the application:

(List Prior U.S. Applications)	(Application Serial Number)	(Filing Date)	(Status) (patented, pending, abandoned)
	_____	_____	_____
	(Application Serial Number)	(Filing Date)	(Status) (patented, pending, abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18 of the United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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(See note
C above)

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Full name of seventh inventor (given name, family name) _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____

Full name of eighth inventor (given name, family name) _____

Inventor's Signature _____ Date _____

Residence _____ Citizenship _____

Post Office Address _____